BIRCH, STEWART, KOLASCH & BIRCH, LLP
P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	HOSE			· · · · · ·							
Fill in Appropriate	the specification of w	hich is attached here	to If not attached hereto,	2001			ac				
Information -	HIA Shakteidaide.	aş									
For Use Without Specification	on and amended on (if applicab						ie) and/or				
Attached:	the specification was filed on June 6, 2000 as PC										
	International Application Number PCT/SE00/01163 ; and amended under PCT Article 19 on July 4, 2001 (if applica										
		•									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.										
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or										
	natented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application,										
	that the same upon not in mublic are on one cale in the United States of America more than one very prior to Inis application. Inal the invention has										
	not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to										
	this application, and that no application for patent or inventor's certificate on this invention has been filled in any country foreign to the United										
	States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of										
	certificate listed belov	before that of									
	the application on wh										
	Prior Foreign Appl	ication(s)			Priority	Claimed	77				
Insert Priority	0003463 3	-3 Sweden		June 29, 1999		⊠		\$			
Information: (if appropriate)	9902452-3 (Number)	(Country)		(Month/Day/		<del>∀e</del> s	No	<b>2</b> . 3			
(mapped)	, ,	, , ,		Ootober 8	1000	⊠		$\lesssim$ $\lesssim$ $\rightleftharpoons$			
	9903626-1 (Number)	Swden (Country)		October 8, 1999 (Month/Day/Year Filed)		Yes	No 3	ਲੂ <i>ਵ</i>			
	(runner)	(000))		Ç-1	- · · · · · · · · · · · · · · · · · · ·	п	S	$5 \circ ()$			
	<u> </u>	(Number) (Country)		(Month/Day/Year Filed)		□ Yes	150 √ □ √				
	(Number)							2 =			
		(7)		(Month/Day/Year Filed)		□ Yes	⊒ <sub>5</sub>	NOV 0 8 2002 CHNOLOGY CENTED			
	(Number)	(Country)			(4.0-1.1.2 - 5), 0 0 1 1 1 1 1 1 5		32/	· 177			
	Prior Foreign Application(s)  Priority Claimed  9902452-3 (Number) (Country) (Month/Day/Year Filed)  Priority Claimed  ROWOOD  (Number)  (Country) (Month/Day/Year Filed)  (Number) (Country) (Month/Day/Year Filed)  (Number) (Country) (Month/Day/Year Filed)  (Number) (Country) (Month/Day/Year Filed)  (Number) (Country) (Month/Day/Year Filed)  (Number) (Country) (Month/Day/Year Filed)  (Number) (Country) (Month/Day/Year Filed)  (Number) (Number) (Country) (Month/Day/Year Filed)  (Number) (Number) (Country) (Month/Day/Year Filed) (Number) (Number) (Number) (Country) (Month/Day/Year Filed) (Number) (Number) (Number) (Number) (Number) (Country) (Month/Day/Year Filed) (Number)										
Insert Provisional				· ·							
Application(s):	(Application Number	)		(Filing D	ate)						
(if any)						<del> </del>	<del></del>				
	(Application Number	)		(Filing D	late)	•					
	All Foreign Applicati	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing									
		Date of This Application:									
	Country		Application Number		Date of Filing (Month)	Day/Year)	DEC	Butter			
•						•	MEC	FIVED			
Insert Requested Information:		<u> </u>						- A LL			
(if appropriate)							— SEP	2.5 2nna			
	I hereby claim the be	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the prior united Stat									
	the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application united states and/or PCT application which identification which identi										
	provided by the lirst natentability as defin	Tor application	JP 3600								
	and the national or PCT international filing date of this application.										
Insert Prior U.S.	s*										
Application(s):	(Application Number)		(Filing Date)	(Filing Date)		(Status - patented, pending, abandoned)					
(if any)											
	(Application Number)		(Filing Date)		(Status - patented, pending, abandoned)						
Page 1 of 2	fc. h. rommon c. rommon, A.		, ,			•		•			
(Rev. 06/29/01)											
						2					

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of fittle 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

		4 11.)	I.	وتسييد						
Pull Name of First or Bole inventor: intert Name of inventor	GIVEN NAME/FAMILY NAME	INVENTOR SIGNATURE	DATE*							
Insert Namo of  Twemor  Theret Date This  Document is Signed	Morgan RYHMAN	1 Indula	15 Jan.	2002						
•	Residence (City, State & Country)	- VVI)	CITIZENSHIP							
Insert Residence Insert Citizenship →	Anderstorp SWEDEN	V	Swedish							
Insur Post Office	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)		<del></del>						
Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) Dikesgatan 14, SE-334 00 Anderstorp SWEDEN									
Pull Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*							
laventor, if any: see above	1									
	Residence (City, State & Country)		CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
	(	<b>.</b>		RECEIVED						
Pull Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*							
inventor, if any: see above	SAY AND THE RESIDENCE OF THE PROPERTY OF THE P			R O M						
	Residence (City, State & Country)		CITIZENSHIP							
	,		İ							
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
	TAVATORIA SONNAMA (Combine and surround manning cod) and a committy									
Pail Name of Fourth	GIVEN NAME/FAMILY NAME	DATE*								
lavemer, if any: see above										
	Residence (City, State & Country)		CITIZENSHIP							
	,									
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
		PICEIVEL OUP 3600								
Pull Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*							
Inventor, if any: see above	CIVELVITATED TALLE	<b></b>	ļ	'U/V_ (10)						
	Residence (City, State & Country)		CITIZENSHIP	$\neg \varphi \sim 2$						
	(2.3), (2.3),			600						
	MAILING ADDRESS (Complete Street Add									
	WWW.	,								
Pull Name of Sixth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*							
Inventor, if any: see above	OK DAY INCOME THE TAXABLE TO BE									
	Residence (City, State & Country)		CITIZENSHIP							
	20000000 (200) 2000 00 00 00 00									
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)								
	MADE O ADDRESS (WELFALE STORE ALL									

Fage 2 of 2 (Rev. 06/29/01)

\*DATE OF SIGNATURE